CERTIFICATION OF VITAL RECORD

102388 OREGON STATE HEALTH DIVISION
VITAL STATISTICS SECTION

BOOK 103 PAGE 647

FILED FOR RECORD
SKAMANIA COUNTY, WASH
BY SKAMANIA CO. TITLE
Dec 23 11 50 AM '86
E. Mitchell
AUDITOR
GARY H. OLSON

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

85-009058

Local File Number 2567

CERTIFICATE OF DEATH

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK 21

DECEDENT

1 DECEASED—NAME (First) BEN (Middle) D (Last) ROTH
2 DATE OF DEATH (month day year) May 10, 1985
3 RACE (White, Black, American Indian, etc. (Specify)) White
4 SEX Male
5a AGE—Last Birthday (years) 62
5b Under 1 year (mos.) (days)
5c Under 1 day (hours) (min.)
6 DATE OF BIRTH (month day year) December 4, 1922
7a CITY, TOWN OR LOCATION OF DEATH Portland OR
7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either give street and number) Portland VA Medical Center
7c If Hosp or Inst indicate DOA, OP (Emergency Room, Inpatient, Resident, Outpatient (Specify)) Inpatient
7d COUNTY OF DEATH Multnomah
8 STATE OF BIRTH (If not in U.S.A. name country) Oregon
9 CITIZEN OF WHAT COUNTRY U.S.A.
10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
11 SPOUSE (If married, widowed, or divorced) Glenys
12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) YES
13 SOCIAL SECURITY NUMBER 543 12 7316
14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Logger
14b KIND OF BUSINESS OR INDUSTRY Timber
15a RESIDENCE—STATE Washington
15b COUNTY Skamania
15c CITY, TOWN, OR LOCATION Carson 730
15d STREET AND NUMBER OR R.F.D. ZIP 98610 Box 144 Metzger Rd.
15e Inside City Limits? (Specify Yes or No) No
16 FATHER—NAME (First, middle, last) Ben — Roth
17 MOTHER—NAME (First, middle, last, Maiden Name) Amelia - Steckley
18 INFORMANT—NAME and relationship to deceased Glenys Roth, Wife

DISPOSITION

19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) Rem/Burial
19b CEMETERY OR CREMATORY—NAME Wind River Memorial Cemetery
19c LOCATION (City or Town, State) Carson, Washington
20a FUNERAL SERVICE LICENSEE OR Person Acting As Such (Signature) R.F. Gardner
20b NAME AND ADDRESS OF FACILITY P.O. Box 390 GARDNER FUNERAL HOME, INC. White Salmon, WA

CERTIFIER

To be Completed by Certifying Physician Only
21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature) Edward LaDoux, MD
21b DATE SIGNED (Mo. Day Yr.) 5-10-85
21c HOUR OF DEATH 0230 a.m.
21d NAME AND ADDRESS OF CERTIFIER (Type or Print) Edward LaDoux, MD
V.A. MEDICAL CENTER
3710 S.W. U.S. Vets Hospital Road
Portland, OR 97207
21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) THOMAS COONEY

22a DATE RECEIVED BY REGISTRAR (Mo. Day Yr.) MAY 22 1985
22b REGISTRAR (Signature) William W. Blair

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)
PART I (a) MASSIVE HEMOPTYSIS — Interval between onset and death: 3 minutes
(b) DUE TO OR AS A CONSEQUENCE OF: LUNG CANCER — Interval between onset and death: 1 YEAR
(c) DUE TO OR AS A CONSEQUENCE OF:
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)
24 AUTOPSY (Specify Yes or No) NO
25 WAS MEDICAL EXAMINER NOTIFIED? (Specify Yes or No) YES

26a ACCIDENT (Specify Yes or No) No
26b DATE OF INJURY (Mo. Day Yr.)
26c HOUR OF INJURY
26d DESCRIBE HOW INJURY OCCURRED
26e INJURY AT WORK (Specify Yes or No)
26f PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)
26g LOCATION STREET OR R.F.D. NO CITY OR TOWN STATE

RESERVED FOR REGISTRAR'S USE

ORIGINAL—VITAL STATISTICS COPY

Registered 6
Indexed, Dir 6
Indirect 8
Filmed
Mailed

45.2 REV 12

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

DATE ISSUED AUG 08 1986

JOSEPH O. CARNEY
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

1-93-8-8